IV. EXPENDITURES (Sections P-T)

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\$752,454.78

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT	dalastyroma Boycom 200	
Bronin for Mayor	7th day preceding					4-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
- All the state of	P, Expen	ses Paid by Com	mittee	HTTT COLOR COLOR COLOR COLOR COLOR COLOR		
Name of Payee Marvin Byrd				Date of Payment 08/01/2019	Chec	of Payment k# 1119 t Card EFT
Street Address 88 Bissell St		City Manchester			State CT	Zip Code 06040-5304
Purpose of Expenditure (by code) WAGE	Description Canvassing	<u> </u>	Ever	nt #	<u> </u>	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	or committee)	low" is che ependent anization:	cked)	- Andrews	\$345.00
Name of Payee Marvin Byrd				Date of Payment 08/28/2019		of Payment k# 1204 Card BFT
Street Address 88 Bissell St		City Manchester			State CT	Zip Code 06040-5304
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	ıt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	or committee)	fow" is checependent anization:	cked)		\$610.00
Name of Payee Capital Spirits				Date of Payment 08/30/2019	Method o Check	-
Street Address 73 Pratt St		City Hartford			State CT	Zip Code 06103-1620
Purpose of Expenditure (by code) FNDR	Description Event Supplies	1	Even	t #		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus). Coordinated without reimbursement sought (in-kind continue).	or committee)	 ow" is checon pendent unization:	ked)		\$21.05
Name of Payee Raquel Cintron				Date of Payment 07/17/2019	Method of Check	# 1065
Street Address 169 Malikowski Cir		City New Britain			State CT	Zip Code 06053-1320
Purpose of Expenditure (by code) WAGE	Description Canvassing	<u> </u>	Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind condinated with reimbursement sought (in-k	r committee)	ow" is checopendent	ked)		\$480.00
			SUBT	OTAL Section P - This P	age	\$1,456.05
				TOTAL of Section P Pa	iges	\$752,454.78

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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Revised	January	2015

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor			o asserbited	7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee		A Company of the company	
Name of Payee Raquel Cintron			Date of Payment 08/01/2019		Method of Payment ✓ Check # 1109 Debit Card EFT	
Street Address 169 Malikowski Cir		City New Britain			State CT	Zip Code 06053-1320
Purpose of Expenditure (by code) WAGE	Description Canvassing	•	Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in Nonc of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind continue)	r committee) Indepe	ndent	cked)		\$465.00
Name of Payee Raquel Cintron				Date of Payment 08/28/2019	Method of Check	# 1199
Street Address 169 Malikowski Cir		City New Britain			State CT	Zip Code 06053-1320
Perpose of Expenditure (by code) WAGE	Description Canvassing	<u>I</u>	Even	<i>1 #</i>		Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D						\$510.00
Name of Payee Tenesha Clabon				Date of Payment 07/01/2019	Method of Check	# <u>1033</u>
Street Address 59 Judson St		City Hartford			State CT	Zip Code 06120-1817
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	ked)		\$90.00
Name of Payee Alnisa Clark				Date of Payment 07/01/2019	Method of Check Debit	# <u>1036</u>
Street Address		City Hartford			State CT	Zip Code 06112-2201
68 Deerfield Ave		rantold				00112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind confidence)	r committee) Indeper	ndent	ked)		\$120.00

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SUBTOTAL Section P - This Page	\$1,185.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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Revised January 2015	

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NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor			is Name in	7th day preceding	primary	
	P. Expens	es Paid by Comml	ttee -			
Name of Payee Alnisa Clark				Date of Payment 07/01/2019		of Payment k # 1039 Card EFT
Street Address 68 Deerfield Ave		City Hartford			State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)	Thought and the second	\$45.00
Name of Payee Alnisa Clark				Date of Payment 07/15/2019	Method o	f Payment s # 1046 Card EFT
Street Address 68 Deerfield Ave		City Hartford			State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continuous)	committee) Indeper	ıdent	ked)		\$285.00
Name of Payee Alnisa Clark				Date of Payment 07/17/2019	Method of Check	# 1059
Street Address 68 Deerfield Ave		City Hartford			State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	committee) Indepen	dent	ed)		\$345.00
Name of Payee Alnisa Clark				Date of Payment 08/01/2019	Method of ✓ Check Debit 0	# <u>1103</u>
Street Address		City			State	Zip Code
68 Deerfield Ave		Hartford			СТ	06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing	West	Event :			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent	ed)		\$120.00

SUBTOTAL Section P - This Page	\$795.00
TOTAL of Section P Pages	\$752,454.78
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TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	3E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor 7th day preceding			primary			
The Color of the C	P. Expens	es Paid by Commi	ttee	The second section of the second seco		
Name of Payee Alnisa Clark				Date of Payment 08/28/2019	Method o Check	f Payment # 1258 Card EFT
Street Address 68 Deerfield Ave		City Hartford		,	State CT	Zip Code 06112-2201
Purpose of Expenditure (by code) WAGE	Description Canvassing		Ever	nt#	-	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	cked)	Anna and an	\$60.00
Name of Payee Amber Cochran				Date of Payment 08/28/2019	Method of Check	# <u>1234</u>
Street Address 94 Love Ln		City Hartford			State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	ut #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	re) Indepen	ndent	cked)		\$300.00
Name of Payee Trudy Collier				Date of Payment 07/01/2019	Method of ✓ Check ☐ Debit	# <u>1042</u>
Street Address 86 Webster St, Apt E	20	City Hartford			State CT	Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent	ked)		\$105.00
Name of Payee Trudy Collier				Date of Payment 07/15/2019	Method of Clieck Debit (# <u>1045</u>
Street Address 86 Webster St, Apt B	18	City Hartford	!		State CT	Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	<i>#</i>		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	ked)		\$270.00

SUBTOTAL Section P - This Page	\$735.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTE	B (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor 7th day preceding					primary	
	P. Expens	es Paid by Commi	ittee			
Name of Payee Trudy Collier		***************************************		Date of Payment 07/17/2019		f Payment 4 1058 Card EFT
Street Address 86 Webster St, Apt E		City Hartford			State CT	Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t#	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	cked)	1000	\$390.00
Name of Payee Trudy Collier				Date of Payment 08/01/2019	Method of Check	
Street Address 86 Webster St, Apt B	18	City Hartford			State CT	Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	†#		Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					- The second sec	\$315,00
Name of Payee Trudy Collier				Date of Payment 08/28/2019	Method of Check	# <u>1194</u>
Street Address 86 Webster St, Apt B	8	City Hartford	J.		State CT	Zip Code 06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	H		Amount
Exponditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	committee) Indepen	dent	ked)		\$390.00
Name of Payce Trudy Collier				Date of Payment 08/30/2019	Method of ✓ Check ☐ Debit (# <u>1241</u>
Street Address		City		·	State	Zip Code
86 Webster St, Apt B		Hartford			CT	06114-1243
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event		,	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unity) None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent	ed)		\$135.00

SUBTOTAL Section P. This Page	\$1,230.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTI	BE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT	gralist d	
Bronin for Mayor 7th day preceding			primary	<u> Carra de Laboración de Alba</u>		
ra da Gregoria de Sura.	P. Expens	es Paid by Commi	ttee ::			
Name of Payee Javony Collins				Date of Payment 07/17/2019		of Payment k # 1079 Card EFT
Street Address 32 Elm St		City Hartford			State CT	Zip Code 06106-1760
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	it #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required is None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuated without r	r committee) Indepe	ndent	Cked)		\$60.00
Name of Payee Javony Collins				Date of Payment 08/01/2019		f Payment s# 1123 Card EFT
Street Address 32 Elm St		City Hartford			State CT	Zip Code 06106-1760
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	1#		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee)	dent	ked)		\$360.00
Name of Payee Javony Collins				Date of Payment 08/28/2019	Method of Check	# <u>1207</u>
Street Address 32 Elm St		City Hartford			State CT	Zip Code 06106-1760
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) Indepen	dent	ked)		\$105.00
Name of Payee Connecticut Departm	nent of Labor			Date of Payment 07/25/2019	Method of Check	#
Street Address		City Wethersfield	1		State CT	Zip Code 06109-1153
200 Folly Brook Blvd Purpose of Expenditure (by code) WAGE	Description Payroll Taxes		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	lent	(ied)		\$25.00

SUBTOTAL Section P • This Page	\$550.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITT	BB (Provide Complete Name as Registered with Filing	g Repository)	inara	TYPE OF REPORT		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Bronin for Mayor				7th day preceding	ı nrimarv	
	P. Expens	ses Paid by Commi	ittee			
Name of Payee Destini Cooper)			Date of Payment 07/01/2019	Method o ✓ Checl	f Payment # 1038 Card EFT
Street Address 39 Amy Dr		City Hartford			State CT	Zip Code 06108-1802
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	or committee) are)	ndent	(sed)	7,000	\$150.00
Name of Payce Destini Cooper				Date of Payment 07/01/2019	Method of	[#] 1037
Street Address 39 Amy Dr	-	City Hartford			State CT	Zip Code 06108-1802
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	r committee) re)	ident _	ed) ABCD		\$45.00
Name of Payee Eddie Crespo			774-1444	Date of Payment 07/17/2019	Method of Check	# 1064
777 Main St, Unit 31	2	City Hartford			State CT	Zip Code . 06103-2308
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent	d) A B C D	T PARA T T T T T T T T T T T T T T T T T T	\$300.00
Name of Payee Eddie Crespo				Date of Payment 08/01/2019	Method of I ✓ Check #	1108
Street Address 777 Main St, Unit 312		City Hartford	I		State CT	Zip Code 06103-2308
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	***	<u> </u>	mount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	committee)	ent	<i>I)</i>]а		\$480.00

SUBTOTAL Section P - This Page	\$975.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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Revised	lanuary	2015

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee			
Name of Payce D'aprile Package S	t			Date of Payment 08/30/2019	Method of Chec	
Street Address 288 Franklin Ave		City Hartford			State CT	Zip Code 06114-1848
Purpose of Expenditure (by code) FOOD	Description Event Supplies		Event	1.#	<u> </u>	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)	***************************************	\$3.78
Name of Payce Alex Dahlem				Date of Payment 07/17/2019		f Payment K 1076 Card EFT
Street Address 14 Jeremy Way		City Hebron			State CT	Zip Code 06248-1434
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	committee) re) Indepen	dent	(sed)		\$285.00
Name of Payee Alex Dahlem				Date of Payment 08/01/2019	Method of ✓ Check ☐ Debit	# <u>1137</u>
Street Address 21 Temple St, Apt 7	11	City Hartford	, <u>}</u>		State CT	Zip Code
Purpose of Expenditure (by code) RMB	Description Reimbursement for Water		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) [] Independent	dent	ed)		\$15.94
Name of Payee Alex Dahlem				Date of Payment 08/01/2019	Method of ✓ Check Debit (# 1120
Street Address		City Hebron			State CT	Zip Code 06248-1434
14 Jeremy Way Purpose of Expenditure (by code) WAGE	Description Canvassing	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Event#	<i>†</i>		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un. None of the below (does not involve another candidate or coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee)	lent			\$210.00

SUBTOTAL Section P - This Page	\$514.72
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals,	\$752,454.78

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	irstanie	TYPE OF REPORT		
Bronin for Mayor	7th day preceding				primary	<u> </u>
	P. Expens	es Paid by Commi	ttee			
Name of Payee Alex Dahlem				Date of Payment 08/28/2019		of Payment k # 1205 Card EFT
Street Address 14 Jeremy Way		City Hebron			State CT	Zip Code 06248-1434
Purpose of Expenditure (by code) WAGE	Description Canvassing	,	Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required n None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	cked)	- Privited man	\$150.00
Name of Payee Edward Dailey				Date of Payment 08/28/2019	Method o	
Street Address 65 Sumner St, Apt 1		City Hartford	•		State CT	Zip Code 06105-2038
Purpose of Expenditure	Description		Even	of #	 	
(by code) WAGE	Canvassing		13701	N. II		Amount
Exponditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	cked)	The second secon	\$645.00
Name of Payee				Date of Payment	Method of	f Payment
Edward Dailey				08/30/2019	✓ Check ☐ Debit	
Street Address 65 Sumner St, Apt 19	01	City Hartford			State CT	Zip Code 06105-2038
Purpose of Expenditure	Description		Even	• #	<u></u>	<u> </u>
(by code) WAGE	Canvassing		25,011	•		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	ndent	ked)		\$135.00
Name of Payce Wilfredo Davila				Date of Payment 08/01/2019	Method of ✓ Check Debit	[#] 1128
Street Address 177 Kensington St, A	unt 177	City Hartford			State CT	Zip Code 06120-1718
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	ked)		\$195.00

Statute of the property of the contract of the	
SUBTOTAL Section P - This Page	\$1,125.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		A CONTROL OF THE CONT
Bronin for Mayor				7th day preceding	primary	3
	P. Expens	es Paid by Comm	ittee			
Name of Payee Josh Davino				Date of Payment 08/28/2019		f Payment # 1221 Card EFT
Street Address 22 Atwood St		City Watertown		1	State CT	Zip Code 06795-2502
Purpose of Expenditure	Description	<u> </u>	Eve	nt #	-	Amount
(by code) WAGE	Canvassing					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D				\$405.00	
Name of Payee Vantaja Davis				Date of Payment 08/01/2019	Method o	f Payment # 1131 Card EFT
Street Address		City Hartford		<u> </u>	State	Zip Code
605 Broad St, Apt K	Description	панного	15		СТ	06106-4632
Purpose of Expenditure (by code) WAGE	Description Canvassing		Ever	at #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D				\$45.00	
Name of Payee				Date of Payment	Method o	f Payment
Vantaja Davis				08/28/2019	Check	
Street Address 605 Broad St, Apt K		City Hartford			State CT	Zip Code 06106-4632
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)		cked)		\$105.00
Name of Payee Omrys Delgado				Date of Payment 07/17/2019	Method of Check	# 1069
Street Address		City			State	Zip Code
55 Maple Ave		Windsor	1		СТ	06095-2923
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	₹ <i>#</i>		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required u. None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee)		cked)		\$120.00
						A A
			SUB)	FOTAL Section P - This I	MERICAL INTERPRETATION	\$675.00
		A STATE OF THE STA		TOTAL of Section P P		\$752,454.78
TOTAL OF A	LL EXPENSES PAID BY COMMITTEE (Enter I	lotal on Line 19, C	olumi	A of Summary Page To	itals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITT	BB (Provide Complete Name as Registered with Film	g Repository)		TYPE OF REPORT		
Bronin for Mayor				7th day preceding	ı nrimarv	
	P. Expens	ses Paid by Comm	ittee			
Name of Payee Omrys Delgado				Date of Payment 08/01/2019		of Payment k # 1113 t Card EFT
Street Address 55 Maple Ave		City Windsor			State CT	Zip Code 06095-2923
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required untess "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent Organization: A B C D					\$270.00
Name of Payee Omrys Delgado				Date of Payment 08/28/2019		of Payment k # 1202 Card EFT
Street Address 55 Maple Ave		City Windsor			State CT	Zip Code 06095-2923
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t //		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)		ked)	- The state of the	\$165.00
Name of Payee Deliver Strategies				Date of Payment 07/24/2019	Method of Check	# 1092
Street Address 4301 Fairfax Dr		City Arlington	1		State VA	Zip Code 22203-1627
Purpose of Expenditure (by code) PRNT	Description Palm Cards		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$9,890.55
Name of Payee Deliver Strategies				Date of Payment 07/31/2019	Method of Check	# <u>1098</u>
Street Address 4301 Fairfax Dr		City Arlington			State VA	Zip Code 22203-1627
Purpose of Expenditure (by code) A-DM	Description Mail Piece		Event	ll .		Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr.)	committee) Indepen	dent	ed)		\$13,121.19
				•		·

SUBTOTAL Section P - This Page	\$23,446.74
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITT	EB (Provide Complete Name as Registered with Filing	(Repository)		TYPE OF REPORT		
Bronin for Mayor			2	7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee			
Name of Payee Deliver Strategies				Date of Payment 08/26/2019		of Payment k # 1190 Card EFT
Street Address 4301 Fairfax Dr		City Arlington		<u>'</u>	State VA	Zip Code 22203-1627
Purpose of Expenditure (by code) A-DM	Description Mail Advertising		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	or committee)	ndent		7110-27	\$30,756.38
Name of Payce Deliver Strategies				Date of Payment 08/28/2019		f Payment k 1192 Card EFT
Street Address 4301 Fairfax Dr		City Arlington			State VA	Zip Code 22203-1627
Purpose of Expenditure (by code) A-DM	Description Mail Advertising	<u> </u>	Even	:#	<u> </u>	Amount
Exponditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uson None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind continuated with reimbursement sought (in-k	r committee) re) Indeper	ident	ked)		\$5,778.04
Name of Payce Diane Gooden				Date of Payment 07/31/2019	Method of Check	# 1097
Street Address 1129 Albany Ave		City Hartford			State CT	Zip Code 06112-2315
Purpose of Expenditure (by code) OVHD	Description Rent		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee)	dent	ked)	1 2 2 2 2	\$500.00
Name of Payee Sean Donnell				Date of Payment 08/28/2019	Method of Check	# <u>1235</u>
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	ced)		\$180.00

Additional designation of the Control of the Contro	
SUBTOTAL Section P - This Page	\$37,214.42
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT	is his charg	
Bronin for Mayor				7th day preceding	primary	
	P. Expen	ses Paid by Commi	ttee	tragose propositiva		
Name of Payed Raquel Estronza				Date of Payment 07/17/2019		of Payment sk # 1072 t Card EFT
Street Address 12 Groton St		City Hartford			State CT	Zip Code 06106-2705
Purpose of Expenditure (by code) WAGE	Description Canvassing	· · · · · · · · · · · · · · · · · · ·	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (**Hemization in Addendum P** Required unless "None of the below" is checked) V None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$105.00
Name of Payee Raquel Estronza				Date of Payment 08/01/2019		of Payment k# 1116 Card EFT
Street Address		City Hartford			State	Zip Code
12 Groton St		Hartioid			СТ	06106-2705
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	1. II		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required i ✓ None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind continue)	r committee)	dent	ked)		\$195.00
Name of Payee				Date of Payment		f Payment
Eversource				08/07/2019	Checi Debit	
Street Address		City Hartford			State CT	Zip Code 06106-1938
410 Sheldon St		Tiditeord			01	06106-1938
Purpose of Expenditure (by code) OVHD	Description Utilities		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuated without reimbursement sought)	reommittee) Indepen	dent	[A B C D	- Lander Control of Co	\$129.68
Name of Payee Alia Forbes				Date of Payment 08/28/2019	Method of ✓ Check	# 1217
Street Address		City Hartford	l.,		State CT	Zip Code
82 Bushnell St, Apt 2 Purpose of Expenditure		Transford				06114-1827
(by code) WAGE	Description Canvassing		Event	ll .	:	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee)	i ent	ed)		\$45.00

SUBTOTAL Section P This Page	\$474.68
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	4106020042		
Bronin for Mayor				7th day preceding	primary		
	P. Expens	es Paid by Com	nittee				
Name of Payee Avery Garrity				Date of Payment 07/16/2019	Check	Method of Payment ✓ Check # 1055 Debit Card EFT	
Street Address		City			State	Zip Code	
90 Blue Ridge Dr			СТ	06070-3053			
Purpose of Expenditure (by code) RMB	Description Reimbursement for Filming		Ever	nt#		Amount	
Expenditure # (if applicable)	Type of Expenditure (**None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$385.95	
Name of Payee				Date of Payment	Method of		
Avery Garrity				08/07/2019	✓ Check □ Debit (
Street Address		City Simsbury			State CT	Zip Code	
90 Blue Ridge Dr	<u>,</u>	Sirisbury			C1	06070-3053	
Purpose of Expenditure (by code) RMB	Description Event # Reimbursement for Filming				Amount		
Expenditure # (if applicable)	Type of Expenditure (**Remization** in Addendum P Required unless "None of the helow" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D				Property of the Control of the Contr	\$191.56	
Name of Payee Avery Garrity				Date of Payment 08/12/2019	Method of Check	# 1146	
Street Address 90 Blue Ridge Dr		City Simsbury			State CT	Zip Code 06070-3053	
Purpose of Expenditure (by code) OFFICE	Description Office Supplies Reimbursement		Even	ut#		Amount	
Expenditure # (if applicable)	Type of Expenditure (**Remization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D				TT THE THE PARTY OF THE PARTY O	\$41.47	
Name of Payee Avery Garrity				Date of Payment 08/21/2019	Method of Check	# 1188	
Street Address 90 Blue Ridge Dr		City Simsbury		1	State CT	Zip Code 06070-3053	
Purpose of Expenditure (by code) FOOD	Description Event Expenses		Even	4 #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in ✓ None of the below (does not involve another candidate or ☐ Coordinated with reimbursement sought (joint expenditur ☐ Coordinated without reimbursement sought (in-kind contr	e) Indep	is checondent	:ked)		\$69.73	

SUBTOTAL Section P - This Page	\$688.71
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE: (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTE	E - (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor	Bronin for Mayor 7th day preceding			7th day preceding	primary	
	P. Expense	es Paid by Commi	ttee			
Name of Payee Gibson Printing				Date of Payment 08/08/2019	Method of Check	
Street Address 9631 Boyett Ct		City Fairfax			State VA	Zip Code 22032-2829
Purpose of Expenditure (by code) PRNT	Description Printing - Yard Signs		Even	t #	-	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) rc)	ndent	A B C D	· Provide de la minima de la mandra de la ma	\$4,586.09
Name of Payee Global Strategy Grou	ηÞ			Date of Payment 07/29/2019	Method o	
Street Address 185 Asylum St		City Hartford			State CT	Zip Code 06103-3401
Purpose of Expenditure (by code) POLLS	Description Polling and Research		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Nemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) [Independent committee]	ndent	cked)		\$56,500.00
Name of Payee Gloria Goodwin				Date of Payment 07/17/2019		of Payment bk # 1081 Card EFT
Street Address 198 Branford St		City Hartford			State CT	Zip Code 06112-1407
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	r committee) Indepen	ndent	A B C D		\$210.00
Name of Payee Gloria Goodwin				Date of Payment 08/01/2019	Method of ✓ Check	of Payment k # 1124 Card EFT
Street Address		City Hartford			State CT	Zip Code 06112-1407
198 Branford St	Description		Even			
Purpose of Expenditure (by code) WAGE	Canvassing				-	Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent	ked)		\$180.00

SUBTOTAL Section P - This Page	\$61,476.09
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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Bronin for Mayor	ITEE (Provide Complete Name as Registered s		v.pasuary)		TYPE OF REPO		
				White Course	7th day preced	ing prima	ry
Name of Payee		. Expenses	Paid by Comn	nittee			ercarator, er de
Gloria Goodwin	08/28/2019		Method of Payment Cheek # 1208 Debit Card EFT				
			City			State	Zip Code
198 Branford St		-	Hartford			CT	06112-1407
Purpose of Expenditure (by code) WAGE	Canvassing				ent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P None of the below (does not involve another ca Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	andidate or co expenditure)	ommittee) Indep	endent		lp	\$165.0
Name of Payee							
Google, Inc.					Date of Payment 07/08/2019	Сь	of Payment cck # oit Card ✓ EFT
1600 Amelius	D I		ity			State	Zip Code
1600 Amphitheatre	Description		lountain View			CA	94043-1351
ph coqe) ONHD	Email Hosting			Even			Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Re None of the below (does not involve another can Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	ndidate or con expenditure)	nmittee) Indeper	ndent	ked)		\$72.4
ame of Payee							
300gle, Inc.					Date of Payment 08/07/2019	Method of Chec	
treet Address		Cit	Y	1			
600 Amphitheatre	Pkwy	Mo	ountain View			State	Zip Code 94043-1351
urpose of Expenditure y code) OVHD	Description Email Hosting			Event	#		Amount
spenditure # applicable)	Type of Expenditure (Itemization in Addendum P Req. None of the below (does not involve another cand Coordinated with reimbursement sought (joint exp.) Coordinated without reimbursement sought (in-kin	didate or com: penditure)	nittee) Independ	lent	ed) A B C D		\$125.68
me of Payce assroots Analytics					Date of Payment	Method of	Payment
07/19/2019		Check					
cet Address		City		l			
7 6th St NW	Description	Wa	shington		_	State DC	Zip Code 20001-3723
^{code)} OVHD	Data Targeting		Ī	Event #			Amount
enditure # pplicable)	Type of Expenditure (Itemization in Addendum P Requiver None of the below (does not involve another candidated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	date or comm enditure)	ittee) Independe	nt	/)]A		\$2,000.00

SUBTOTAL Section P - This Page	\$2,363.08
TOTAL OF A 1/2 STATE	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	(Repository)		TYPE OF REPORT		
Bronin for Mayor 7th day preceding primary					<u> </u>	
	P. Expens	es Paid by Commi	ittee	And the second s		
Name of Payee Grassroots Analytic	cs			Date of Payment 08/07/2019	Method o	
Street Address 777 6th St NW		City Washington			State DC	Zip Code 20001-3723
Purpose of Expenditure (by code) OVHD	Description Data Targeting		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)	пđent	ked)		\$806.38
Name of Payee Terri Henderson			- · · · · · · · · · · · · · · · · · · ·	Date of Payment 08/28/2019	Method of Check	# 1225
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind control	r committee)	ident	ked)	Triveral Common Marie	\$60.00
Name of Payee Merice J Henriques-	Bryan			Date of Payment 07/22/2019	Method of Check	# 1090
Street Address 208 King Philip Dr		City West Hartford	···········		State CT	Zip Code 06117-1408
Purpose of Expenditure (by code) OVHD	Description Rent		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent	ed)		\$1,100.00
Name of Payee Diane Henry			i de la companya de l	Date of Payment 08/09/2019	Method of Check	[#] _1142
Street Address		City Hartford			State CT	Zip Code
1129 Albany Ave Purpose of Expenditure	Description	- Tartoru	<u> </u>		<u> </u>	06112-2315
(by code) OVHD	Parade Supplies		Event		,	Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent _	ed)		\$252.00

SUBTOTAL Section P - This Page	\$2,218.38
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing	g-Repository)		TYPE OF REPORT		ajan endering group a reference of
Bronin for Mayor	7th day preceding					
	P. Expens	ses Paid by Comm	ittee			
Name of Payce Andrea Hill				Date of Payment 07/15/2019		of Payment k # 1050 Card EFT
Street Address 26 JUDSON ST		City HARTFORD			State CT	Zip Code 06120-1814
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind continue)	or committee) (re) Indepe	ndent	cked)	- TOTAL	\$105.00
Name of Payee Andrea Hill				Date of Payment 07/17/2019	Method of Check	f Payment # 1063 Card EFT
Street Address 45 Tower Ave		City Hartford			State CT	Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)		\$195.00
Name of Payee Andrea Hill				Date of Payment 08/01/2019	Method of Check	# <u>1107</u>
Street Address 45 Tower Ave		City Hartford			State CT	Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	committee) e) Івкіерел	dent	(sed)		\$120.00
Name of Payee Andrea Hill			***************************************	Date of Payment 08/28/2019	Method of ✓ Check ☐ Debit (# 1198
Street Address		City Hartford			State	Zip Code
45 Tower Ave Purpose of Expenditure	Description	nartiord			СТ	06120-1056
(by code) WAGE	Canvassing	į	Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) [Independent	tent	ed)		\$165.00

SUBTOTAL Section P+This Page	\$585.00
TOTAL of Section P Pages	\$750 454 70
	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITT	EE _ (Provide Complete Name as Registered with Film	g Repository)		TYPE OF REPORT	Kasanda es va	2.Y 27.27 256500000000000
Bronin for Mayor				7th day preceding	Chica Series and the	
	P. Expens	ses Paid by Comm	ittee		y primary	
Name of Payee Andrea Hill			,	Date of Payment 08/30/2019		of Payment
Street Address 45 Tower Ave		Ciry Hartford			State CT	Zip Code 06120-1056
Purpose of Expenditure (by code) WAGE	Description Canvassing	•	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind con	or committee) are) Indepe	endent	ked)	-	\$285.00
Name of Payee HubDialer				Date of Payment 08/08/2019	Method o	
Street Address 50 W 17th St, Fl 9		City New York			State NY	Zip Code 10011-5702
Purpose of Expenditure (by code) OVHD	Description Telephone Services		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	ed) A B C D		\$100.10
Name of Payee HubDialer				Date of Payment 08/22/2019	Method of Check	#
Street Address 50 W 17th St, FI 9		City New York			State NY	Zip Code 10011-5702
Purpose of Expenditure (by code) OVHD	Description Telephone Services		Event #	1		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemication in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	committee) Indepen	dent _	ed)	To the second se	\$100.10
Name of Payce HubDialer				Date of Payment 08/26/2019	Method of Check	#
Street Address		City			State	Zip Code
50 W 17th St, FI 9		New York			NY	10011-5702
Purpose of Expenditure (by code) OVHD	Description Telephone Services		Event #			Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required um None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	fent _	d) A B C D		\$100.10

\$585.30	SUBTOTAL Section P - This Page	
	TOTAL of Section P Pages	
\$752,454.78	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

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NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing	(Repository)	£2.151(13)	TYPE OF REPORT		
Bronin for Mayor				7th day preceding	primary	
	P. Expens	es Paid by Comm	ttee		A STATE OF THE PARTY OF THE PAR	
Name of Payce Conor Hurley				Date of Payment 07/01/2019	Chec	of Payment ck # it Card ☑ EFT
Street Address		City Arlington		<u> </u>	State	Zip Code
925 N Garfield St, / Purpose of Expenditure	···	74111gtori			VA	22201-2198
(by code) CNSLT	Description Event # Field Consulting				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	ked)	17777	\$1,028.64
Name of Payee Conor Hurley				Date of Payment 07/01/2019	Method of Chee	
Street Address		City		<u> </u>	State	Zip Code
925 N Garfield St, A	· · · · · · · · · · · · · · · · · · ·	Arlington			VA	22201-2198
Purpose of Expenditure (by code) CNSLT	Description Field Consulting		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur) Coordinated without reimbursement sought (in-kind control	committee)	ident	ked)		\$1,245.00
Name of Payee Conor Hurley				Date of Payment 07/15/2019	Method o	
Street Address 925 N Garfield St, A	pt 306	City Arlington	1		State VA	Zip Coole 22201-2198
Purpose of Expenditure (by code) OFFICE	Description Office Supplies Reimbursement		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	ed)		\$1,204.56
Name of Payee Pamela Joiner		<u>,,,</u>		Date of Payment 08/28/2019	Method of Check	# 1233
Street Address		City			State	Zip Code
149 Kensington St		Hartford			CT	06120-1718
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #			Amount
Expenditure # if applicable)	Type of Expenditure (Hemization in Addendum P Required unit None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	lent _	ed)		\$165.00

\$3,643.20	SUBTOTAL Section P - This Page
\$750 454 70	TOTAL of Section P Pages
\$752,454.78	
\$752,454.78	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTI	B (Provide Complete Name as Registered with Filing	g Repository)	NEWS	TYPE OF REPORT		
Bronin for Mayor				7th day preceding		
Market Sancia (12 Charles Arth	P. Expens	es Paid by Commi	ttee			
Name of Payee Pamela Joiner				Date of Payment 08/30/2019	Method Chee	of Payment ek # 1250 it Card
Street Address		City Hartford			State	Zip Code
149 Kensington St Purpose of Expenditure		Панного	.		СТ	06120-1718
(by code) WAGE	Description Canvassing		Even			Amount
Exponditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	r committee) (re) Indepen	ndent	.ked)		\$120.00
Name of Payce Jones Mandel				Date of Payment 08/16/2019	Method of Chec	
Street Address		City			State	Zip Code
1216 King St, Ste 30 Purpose of Expenditure	T	Alexandria			VA	22314-2927
(by code) CNSLT	Description Research Consulting		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Indepen	dent	ked)		\$8,375.00
Name of Payee Weronika Kaplon				Date of Payment 07/17/2019	Method o	f Payment s # 1080 Card EFT
Street Address 127 Hebron Rd		City Marlborough			State CT	Zip Code 06447-1205
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (liemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	committee) Independ	lent -	ed)		\$240.00
Name of Payce Weronika Kaplon				Date of Payment 08/01/2019	Method of ✓ Check Debit	# 1135
Street Address		City			State	Zip Code
127 Hebron Rd		Marlborough		,	CT	06447-1205
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	,		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee)Independ	ent	ed)		\$270.00

SUBTOTAL Section P - This Page	\$9,005.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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Bronin for Mayor	The second secon	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. 18.02 (19.75)	7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee	Control Contro		Non tax A substitution () and
Name of Payee Weronika Kaplon				Date of Payment 08/28/2019	Method o	# 1259
Street Address 127 Hebron Rd		City Mariborough			State CT	Zip Code 06447-1205
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent	cked)		\$105.00
Name of Payee Allison Kazlauskas				Date of Payment 07/15/2019	Method of Check	# <u>1040</u>
Street Address 2 Park Pl, a 23 h		City Hartford			State CT	Zip Code 06106-5007
Purpose of Expenditure (by code) OFFICE	Description Office Supplies Reimbursement		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent	cked)	TOTAL SECTION AND ASSESSMENT OF THE PROPERTY O	\$24.95
Name of Payee Allison Kazlauskas				Date of Payment 08/07/2019	Method of Check	# 1138
Street Address 2 Park Pl, a 23 h		City Hartford			State CT	Zip Code 06106-5007
Purpose of Expenditure (by code) RMB	Description Reimbursement for Filming		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemication in Addendum P Required in V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	r committee) Indeper	ndent	ked)		\$140.00
Name of Payee Michael Litick			•	Date of Payment 08/28/2019	Method of Check	# <u>1239</u>
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required in Value of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indeper	ident	ked)		\$60.00

SUBTOTAL Section P - This Page	\$329.95
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTEE: (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT					The state of the s	
Bronin for Mayor 7th day preceding p			primary			
	P. Expense	es Paid by Commit	tee			
Name of Payee Marconi Enterprises				Date of Payment 07/17/2019	Method of Check	# 1086
Street Address 239 Franklin Ave		City Hartford			State CT	Zip Code 06114-1846 .
Purpose of Expenditure (by code) OVHD	Description Rent		Event #	1		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contr	re) Indepen	adent _	ed) A B C D		\$1,250.00
Name of Payee Marconi Enterprises				07/17/2019	Method of Check	# <u>1087</u>
Street Address 239 Franklin Ave		City Hartford			State CT	Zip Code 06114-1846
Purpose of Expenditure (by code) OVHD	Description Utilities		Event #	,		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepen	ident	zd) ABCD	The state of the s	\$240.75
Name of Payce Marconi Enterprises				Date of Payment 08/14/2019	Method of Check	# 1144
Street Address 239 Franklin Ave		City Hartford	·		State CT	Zip Code 06114-1846
Purpose of Expenditure (by coxle) OVHD	Description Rent + Utilities	The state of the s	Event #	(Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required in V*) None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	d)		\$1,628.65
Name of Payee Teesa McElroy				Date of Payment 08/28/2019	Method of Check Debit (# 1229
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (*!*Itemization in Addendum P Required in \[\subseteq \text{None of the below (does not involve another candidate or \] Coordinated with reimbursement sought (joint expenditure) \[\subseteq \text{Coordinated without reimbursement sought (in-kind contract)} \]	committee) Independ	dent	d) A B C D	The state of the s	\$300,00

\$3,419.40	SUBTOTAL Section P - This Page
\$752,454.78	TOTAL of Section P Pages
\$752,454.78	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTE	E. (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		(\$5.04(1:00.0000000))
Bronin for Mayor				7th day preceding	primary	
	P. Expense	es Paid by Commi	ttee			
Name of Payce Kyle McFarlin				Date of Payment 08/28/2019	Method of Check	# <u>1238</u>
Street Address 85 Van Block Ave		City Hartford			State CT	Zip Code 06106-2852
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	ked)		\$60.00
Name of Payee Raynette McKnight				Date of Payment 08/28/2019	Method of Check	# 1226
Street Address 2 Hillside Farm Drive	•	City East Windsor			State CT	Zip Code 06002
Purpose of Expenditure (by code) WAGE	Description Canvassing		Ечеп	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	ked)	***************************************	\$390.00
Name of Payce Raynette McKnight				Date of Payment 08/30/2019	Method of ✓ Check Debit	# 1246
Street Address 2 Hillside Farm Drive		City East Windsor			State CT	Zip Code 06002
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	H .		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	ıdent	ked) □A □B □C □D		\$240.00
Name of Payee Rodney McKnight				Date of Payment 08/01/2019	Method of Check Debit C	# 1129
Street Address		City Hartford			State CT	Zip Code 06112-2342
167 Homestead Ave Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	ced)		\$300.00

SUBTOTAL Section P - This Page	\$990.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				7th day preceding	primary	
	nessus est mental al la la company de la la la la company de la	es Paid by Comm	ittee			
Name of Payee Rodney McKnight				Date of Payment 08/28/2019	Method o	of Payment k # 1212 Card EFT
Street Address 167 Homestead Av	е	City Hartford			State CT	Zip Code 06112-2342
Purpose of Expenditure (by code) WAGE	Description Canvassing		Ever	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (*Nemization in Addendum P Required it \[\sumsymbol{V}\] None of the below (does not involve another candidate o \[\textstyle \text{Coordinated with reimbursement sought (joint expenditute)} \[\textstyle \text{Coordinated without reimbursement sought (in-kind continuous)} \]	r committee)	endent	cked)	THE STATE OF THE S	\$660.00
Name of Payee Erika Mercado				Date of Payment 07/01/2019	Method o	f Payment 5 # 1032 Card EFT
Street Address 54 Martin St		City Hartford			State CT	Zip Code 06120-4005
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	r committee)	ndent	ked)		\$135.00
Name of Payee Tiffany Mitchell		, <u>.</u>		Date of Payment 07/12/2019	Method of Check	# 1054
Street Address 417 Church St, Apt 3	305	City Hartford			State CT	Zip Code 06103-1123
Purpose of Expenditure (by code) FOOD	Description Event Expenses		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) Indeper	ndent	ked)	77704470	\$300.18
Name of Payee Michael Morris				Date of Payment 08/28/2019	Method of Check Debit (#_1236
Street Address 45 Banbury Ln		City Bloomfield	<u>, </u>		State CT	Zip Code 06002-2501
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	Exect)		\$165.00

SUBTOTAL Section PThis Page	\$1,260.18
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor		A Company of the Comp		7th day preceding	primary	Parati in paratir de la Caraca de la Caraca de
	P. Expens	es Paid by Commi	ttee			
Name of Payee Michael Morris				Date of Payment 08/30/2019	Method of Check	# <u>1251</u>
Street Address 45 Banbury Ln		City Bloomfield	•		State CT	Zip Code 06002-2501
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t #		Amount
Expenditure (if applicable)						\$60.00
Name of Payee Murphy Vogel Askew	<i>i</i> Riley			Date of Payment 07/30/2019	Method of Check Debit	# <u>1096</u>
Street Address 1199 N Fairfax St, St	te 220	City Alexandria			State VA	Zip Code 22314-1437
Purpose of Expenditure (by code) A-TV	Description Advertising Production		Even	t #		Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					- THE TRANSPORT OF THE	\$32,180.00
Name of Payee Murphy Vogel Askew	/ Riley			Date of Payment 08/07/2019	Method of Check Debit 0	# <u>1140</u>
Street Address 1199 N Fairfax St, St	e 220	City Alexandria			State VA	Zip Code 22314-1437
Purpose of Expenditure (by code) A. TV	Description Ad Production		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Indeper	ndent	ked)		\$25,407.06
Name of Payee Murphy Vogel Askew	r Riley			Date of Payment 08/20/2019	Method of Check Debit (# <u>1185</u>
Street Address 1199 N Fairfax St, St	e 220	City Alexandria			State VA	Zip Code 22314-1437
Purpose of Expenditure (by code) A-WEB	Description Advertising & Production		Event	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required in Value of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee)	ident	ked)		\$18,125.00

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SUBTOTAL Section P - This Page	\$75,772.06
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor 7th day preceding				ргітагу		
	P. Expens	es Paid by Commi	ttee			
Name of Payee Murphy Vogel Askew Riley Date of Payment 08/28/2019		Chee	Method of Payment ☐ Check # ☐ Debit Card			
Street Address 1199 N Fairfax St, S	ete 220	City Alexandria			State VA	Zip Code 22314-1437
Purpose of Expenditure (by code) A-WEB	Description Advertising Production	<u> </u>	Even	ut#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required is None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute). Coordinated without reimbursement sought (in-kind continue).	r committee) Indepe	ndent	cked)		\$17,795.87
Name of Payee Murphy Vogel Askey	v Riley			Date of Payment 08/28/2019	Method o Check	
Street Address		City Alexandria			State	Zip Code
1199 N Fairfax St, S	T	Alexandria	,		VA	22314-1437
Purpose of Expenditure (by code) A-WEB	Description Web Advertising		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)	ident	cked)		\$18,125.00
Name of Payee	I and the second			Date of Payment	Method of	
Robert Murphy				08/28/2019	Check	
Street Address 356 Franklin Ave		City Hartford			State CT	Zip Code 06114-2507
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	1.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) e) Independent	dent	ked)		\$270.00
Name of Payee National Geographic	and Political Software		1	Date of Payment 07/08/2019	Method of Check	#
Street Address 1101 15th St NW		City Washington			State DC	Zip Code 20005-5002
Purpose of Expenditure (by code) OVHD	Description Database Services		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required un Vance of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	committee)	dent	ked)		\$1,140.00

SUBTOTAL Section P - This Page	\$37,330.87
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTE	E _{Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor 7th day preceding p				primary		
	P. Expense	es Paid by Commit	ttee			
Name of Pavee National Geographic and Political Software			- Landon	Date of Payment 07/08/2019	Method of Payment Check # Debit Card FFT	
Street Address 1101 15th St NW		City Washington	•		State DC	Zip Code 20005-5002
Purpose of Expenditure (by code) OVHD	Description Database Services		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	eed)		\$833.17
Name of Payee Danny Nickelson				Date of Payment 07/15/2019	Method of Check	# 1052
Street Address 2277 S Mangan Rd		City Pacific	,		State MO	Zip Code 63069-4666
Purpose of Expenditure (by code) FOOD	Description Event Expenses		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control	committee) Indepen	ıdent	ed)		\$315.73
Name of Payee Danny Nickelson				Date of Payment 08/12/2019	Method of ✓ Check Debit (# 1145
Street Address 2277 S Mangan Rd		City Pacific	_		State MO	Zip Code 63069-4666
Purpose of Expenditure (by code) OFFICE	Description Office Supplies Reimbursement		Event #	ff		Amount
Expenditure # (if applicable)	Type of Expenditure (*Nemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	committee) [Independent Committee]	ndent	ed) ABCD		\$220.65
Name of Payee Tynece Oliver				Date of Payment 08/01/2019	Method of Check	# 1132
Street Address 45 Hungerford St, Ap	it 3A	City Hartford		-	State CT	Zip Code 06106-1425
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Independ	ident	ed)		\$45.00

SUBTOTAL Section PaThis Page	\$1,414.55
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTEE	: (Provide Complete Name as Registered with Filing.	Repository)		TYPE OF REPORT		
Bronin for Mayor 7th day preceding p					orimary	
	P. Expense	s Paid by Commit	tée			Sanceally are except
Name of Payee Tynece Oliver				Date of Payment 08/28/2019	Method of ✓ Check Debit 6	# <u>1215</u>
Street Address 45 Hungerford St, Ap	nt 3A	City Hartford			State CT	Zip Code 06106-1425
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required in \(\subseteq \) None of the below (does not involve another candidate or \(\subseteq \) Coordinated with reimbursement sought (joint expenditur \(\subseteq \) Coordinated without reimbursement sought (in-kind continuous).	re) Indeper	ndent	ad) A B C D		\$510.00
Name of Payce Daisy Pagan				Date of Payment 07/17/2019	Method of Check	# 1066 CardEFT
Street Address 26 Pliny St, Fl 1		City Hartford			State CT	Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event#	•		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required III None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	r committee) re) Indeper	ndent	ed) A B C D		\$420.00
Name of Payee Daisy Pagan				Date of Payment 08/01/2019	Method of Check	# 1110
Street Address 26 Pliny St, Fl 1		City Hartford			State CT	Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event l	Ą		Amount
Expenditure # (if applicable)	Type of Expenditure (hemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	A B C D		\$525.00
Name of Payee Daisy Pagan				Date of Payment 08/28/2019	Method o	1200
Street Address 26 Pliny St, FI 1		City Hartford			State CT	Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditus). Coordinated without reimbursement sought (in-kind com	r committee) Indepe		ed) □A □B □C □D		\$300.00

SUBTOTAL Section P. This Page \$	1,755.00
TOTAL of Section P Pages \$75.	2,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals). \$75.	2,454.78

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ture (Hemization in Addendum P Required pelow (does not involve another candidate with reimbursement sought (joint expending without reimbursement sought (in-kind correct the sought) (Hemization in Addendum P Required low (does not involve another candidate with reimbursement sought (joint expendit thout reimbursement sought (in-kind correct thout reimbursement sought (in	cor committee) Independent Ind	Event # Event # Event #	A B C Date of Payment 08/01/2019	Method State CT Method Che State CT	od of Payment heck # 1068 ebit Card EFT Zip Code 06105-3510 Amount \$300.0 I of Payment eck # 1112 ebit Card EFT Zip Code 06105-3510 Amount \$405.00
ture (Hemization in Addendum P Require oblow (does not involve another candidat with reimbursement sought (joint expend without reimbursement sought (in-kind continued in the c	City Hartford ad unless "None of the below ontribution) City Hartford City Hartford unless "None of the below or committee) ure) Independent of the below of the below or committee) ure) Independent of the below or committee) Independent of the below or committee or commit	Event # Event # Event #	07/17/2019 (# ked) Date of Payment 08/01/2019	✓ C ☐ Do State CT De Method ✓ Che ☐ Det State CT	Zip Code
with reimbursement sought (joint expending the control of the cont	Hartford Ad unless "None of the belove or committee) Ontribution City Hartford Unless "None of the belover committee) unless "None of the belover committee) ure) Under	Event #	ked) A B C Date of Payment 08/01/2019	State CT Method CT Method Che Det State CT	Zip Code 06105-3510 Amount \$300.0 For Payment rock # 1112 Dit Card EFFT Zip Code 06105-3510 Amount \$405.00
with reimbursement sought (joint expending the control of the cont	Hartford Ad unless "None of the belove or committee) Ontribution City Hartford Unless "None of the belover committee) unless "None of the belover committee) ure) Under	Event #	A B C Date of Payment 08/01/2019	State CT Method Che Det State CT	Zip Code 06105-3510 Amount \$300.0 l of Payment rek # 1112 pit Card
with reimbursement sought (joint expending the control of the cont	City Hartford Committee) City Hartford Committee City Hartford Committee Contribution City City City City City City City Cit	Event #	A B C Date of Payment 08/01/2019	□D Method ☑Che □Deb State CT	# 300.0 # of Payment
with reimbursement sought (joint expending the control of the cont	cor committee) Independent Ind	Event #	A B C Date of Payment 08/01/2019	Method Che Deb State CT	Amount \$300.6 For Payment tack # 1112 oit CardEFT
with reimbursement sought (joint expending the control of the cont	cor committee) Independent Ind	Event #	Date of Payment 08/01/2019	Method Che Deb State CT	I of Payment tock # 1112 oit Card
re (<i>Hemization in Addendum P Required</i> low (does not involve another candidate of th reimbursement sought (joint expendit	City Hartford unless "None of the belo or committee) ure)	Event #	Date of Payment 08/01/2019	Method Che Deb State CT	2ip Code 06105-3510 Amount \$405.00
ith reimbursement sought (joint expendit	Hartford unless "None of the belo or committee) ure) Indep otribution) Organ	w" is checke	08/01/2019 d) A B C C	Che Det State CT	2ip Code 06105-3510 Amount \$405.00
ith reimbursement sought (joint expendit	Hartford unless "None of the belo or committee) ure) Indep otribution) Organ	w" is checke	ad)]D	06105-3510 Amount \$405.00
ith reimbursement sought (joint expendit	or committee) Indep ure) Indep ntribution) Organ	w" is checke	ad)]D	Amount \$405.00
ith reimbursement sought (joint expendit	or committee) Indep ure) Indep ntribution) Organ	endent ization:]A []B []C [\$405.00
		T			
		- 1	one of Caymen	Method o	
		ĺ	08/28/2019	Check	k# <u>1201</u>
	City			State	
	Hartford			CT	Zip Code 06105-3510
		Event#			Amount
: (Hemization in Addendum P Required in w (does not involve another candidate or reimbursement sought (joint expenditur out reimbursement sought (in-kind contr	committee) (e) Indeper	dent) A	_	\$345.00
and an agent (at Area Colle	TOURION) L Organiz	anon.		P	
		1	ate of Payment 8/01/2019	Method of Check	<u>#_11</u> 00
	City			· 	
	New Haven	Fuert "		CT	Zip Code 06510-1801
				A	Amount
eimbursement sought (joint expenditure)	ommittee)Independ	ent			\$1,554.04
•	eimbursement sought (joint expenditure)	New Haven	City New Haven Event # Themization in Addendum P Required unless "None of the below" is checked) (does not involve another candidate or committee) cimburscinent sought (joint expenditure)	City New Haven Event # Themization in Addendam P Required unless "None of the below" is checked) (does not involve another candidate or committee) cimburscrient sought (joint expenditure) Independent	City New Haven City New Haven Event # A City New Haven Ci

SUBTOTAL Section P. This Page	\$2,604.04
TOTAL OF ALL EXPENSES PAID BY CANAL	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTE	B (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor			AND DESCRIPTION OF THE	7th day preceding	primary	
	P. Expenso	s Paid by Commit	tee			
Name of Payee Aisha Reese				Date of Payment 08/28/2019	Method of Check	# 1228
Street Address 52 Pliny St, Apt 1		City Hartford	J		State CT	Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required it. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	re) Indepen	dent	[]A []B []C []D		\$390.00
Name of Payee Aisha Reese				Date of Payment 08/30/2019	Method of Check Debit	#_1248
Street Address 52 Pliny St, Apt 1		City Hartford			State CT	Zip Code 06120-2337
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepen	dent	(ked)		\$285.00
Name of Payee Hector Rivera				Date of Payment 07/17/2019	Method of ✓ Check Debit (#_1084
Street Address	Ant 41	City Hartford	I		State CT	Zip Code 06106-3848
105 Sherbrooke Ave. Purpose of Expenditure (by code) WAGE	Description Canvassing	The state of the s	Event	Ħ		<u> </u> Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent	(sed)		\$165.00
Name of Payee Run the World				Date of Payment 07/22/2019	Method of Check	#
Street Address		City Prairie Du Sac			State WI	Zip Code 53578-0111
PO Box 111 Purpose of Expenditure (by code) CNSLT Expenditure #	Description Digital Consulting Type of Expenditure (Hemization in Addendum P Required in	nless "None of the below"	Event			Amount \$2,500.00
(if applicable)	✓ None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	ABCD		,

SUBTOTAL Section P - This Page	\$3,340.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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	BE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT		
Bronin for Mayor				7th day preceding	g primary	
Nows of Day	P. Expen	ses Paid by Comm	ittee			
Name of Payee Run the World				Date of Payment 07/31/2019	Che	of Payment ck # it Card
Street Address PO Box 111		City Prairie Du Sac			State WI	Zip Code 53578-0111
Purpose of Expenditure (by code) CNSLT	Description Digital Consulting	1	Eve	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind c	or committee)		cked)		\$2,500.00
Name of Payee Sage Payment Solu	rtions			Date of Payment 07/01/2019	Method Chec	
Street Address	•	City			State	Zip Code
1750 Old Meadow F		McLean			VA	22102-4304
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	cked)		\$2,909.33
Name of Payee Sage Payment Solu	tions			Date of Payment 08/02/2019	Method o	
Street Address 1750 Old Meadow R	td, Ste 300	City McLean			State VA	Zip Code 22102-4304
Purpose of Expenditure (by code) OVHD	Description Credit Card Processing Fees		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) e) Indepen	dent	ked)	7777	\$3,625.30
Name of Payce Salute				Date of Payment 07/09/2019	Method of Check	# 1053
Street Address		City			State	Zip Code
100 Trumbull St		Hartford			СТ	06103-2412
Purpose of Expenditure (by code) FNDR	Description Even Expenses		Event	#		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee)	dent	ed)	·	\$681.75

SUBTOTAL Section P - This Page	\$9,716.38
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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	3E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Bronin for Mayor				7th day preceding	primary	
	P, Expens	es Paid by Commi	ttee			
Name of Payee Engel Sanchez				Date of Payment 07/17/2019		f Payment 4 1073 Card EFT
Street Address 361 Hillside Ave		City Hartford			State CT	Zip Code 06106-3826
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind continued)	r committee) re) Indepe	ndent	cked)		\$600.00
Name of Payee Engel Sanchez				Date of Payment 08/01/2019	Method of ✓ Check ☐ Debit	# 1117
Street Address 361 Hillside Ave		City Hartford			State CT	Zip Code 06106-3826
Purpose of Expenditure	Description		Even	1.4	ļ	00100 0020
(by code) WAGE	Canvassing		Lven	<i>(n</i>		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contro	committee)	ıdent	rked)		\$405.00
Name of Payee Engel Sanchez	•			Date of Payment 08/28/2019	Method of Check	# <u>1203</u>
Street Address 361 Hillside Ave		City Hartford			State CT	Zip Code 06106-3826
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	; #		Amount
Expenditure # (if applicable)	Type of Expenditure (*Ilemization in Addendum P Required und None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	committee) Indepen	dent	ked)		\$360.00
Name of Payee Meralyn Sanchez				Date of Payment 07/17/2019	Method of ✓ Check	[#] 1070
Street Address		City	1		State	Zip Code
229 Manchester St		Hartford			СТ	06112-1348
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee)	dent	(sed)		\$105.00

SUBTOTAL Section P - This Page	\$1,470.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMIT						
Bronin for Mayor	TEE (Provide Complete Name as Registered with F	lling Repository)		TYPEOFRER	DRT	
				7th day prece	ding prima	rv
Name of Payee	P. Exp	enses Paid by Com	mittee			
Meralyn Sanchez				Date of Payment 08/01/2019	Meth ✓ C	od of Payment heck # 1114
Street Address		Lou				ebit Card EFT
229 Manchester S	t	City Hartford			State	Zip Code
Purpose of Expenditure (by code) WAGE	Description Canvassing		Ever	at #	CT	06112-134 Amount
Expenditure # (if applicable) Name of Payee	Type of Expenditure (Itemization in Addendum P Requir	te or committee) diture) Inde	onv" is chea pendent unization:	ked)]p	\$195.
Freda Seritella				Date of Payment	Method	d of Payment
Street Address				07/01/2019	✓ Che	bit Card EFT
57 Woodland Dr	T	City Hartford			State CT	Zip Code 06105-1202
by code) WAGE	Description Canvassing		Event	#		Amount
ixpenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendi	Of computee)		ed)		\$180.0
	Coordinated without reimbursement rought (- 1)			7. 		
ame of Payec	Coordinated without reimbursement sought (in-kind co			A B C	D	
reda Seritella	Coordinated without reintbursement sought (in-kind co			A B C Date of Payment 07/15/2019	Method o	of Payment k# 1044
reda Serifella	Coordinated without reimbursement sought (in-kind ec	ontribution) Organ		Date of Payment	Method of Chec	k # 1044
reet Address 7 Woodland Dr	Coordinated without reimbursement sought (in-kind ec	ontribution) Organ		Date of Payment	Method of Chec	k# 1044 t Card ΕΕΓΓ
reet Address 7 Woodland Dr rpose of Expenditure y code) WAGE	Coordinated without reimbursement sought (in-kind co	City Hartford	Event #	Date of Payment 07/15/2019	Method of Chec	t Card EFT
reet Address 7 Woodland Dr rpose of Expenditure y code) WAGE penditure # applicable)	Coordinated without reimbursement sought (in-kind co	City Hartford whitess "None of the below" or committee)	Event #	Date of Payment 07/15/2019	Method of Chec	Zip Code 06105-1202
reet Address 7 Woodland Dr rrpose of Expenditure y code) WAGE penditure #	Description Canvassing Type of Expenditure (*Itemization in Addendum P Required*) None of the below (does not involve another candidate candidate of the coordinated with reimbursement sought (joint expenditure)	City Hartford winless "None of the below" or committee) tribution) Organiz	Event #	Date of Payment 07/15/2019	Method of Chec	k # 1044 t Card
reet Address 7 Woodland Dr rpose of Expenditure y code) WAGE penditure # applicable) me of Payce eda Seritella	Description Canvassing Type of Expenditure (*Itemization in Addendum P Required*) None of the below (does not involve another candidate candidate of the coordinated with reimbursement sought (joint expenditure)	City Hartford City Hartford Unless "None of the helow" or committee) une) Independent	Event #	Date of Payment 07/15/2019 f) A B C I	Method of Debit Of Check Debit Of State Method of Check Debit Of Check State	K # 1044 EFT Zip Code 06105-1202 Amount \$345.00 Payment # 1057 Card EFT Zip Code
reet Address 7 Woodland Dr rpose of Expenditure y code) WAGE penditure # applicable) me of Payee eda Seritella	Description Canvassing Type of Expenditure (Hemization in Addendum P Required) None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind con Description)	City Hartford winless "None of the below" or committee) tribution) Organiz	Event #	Date of Payment 07/15/2019 f) A B C I	Method of Debit CT	# # 1044 Card
reda Seritella reet Address Y Woodland Dr rpose of Expenditure (code) WAGE penditure # applicable) per of Payce and Seritella et Address Woodland Dr rose of Expenditure code) WAGE anditure #	Description Canvassing Type of Expenditure (Hemization in Addendum P Required V) None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	City Hartford City Hartford City Hartford City Hartford City Committee) Independent In	Event #	Date of Payment 07/15/2019 i) A B C I Date of Payment 07/17/2019	Method of Debit CT	K # 1044 EFT Zip Code 06105-1202 Amount \$345.00 Payment # 1057 Card EFT Zip Code

SUBTOTAL Section P - This Page	\$1,515.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE 45	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT		
Bronin for Mayor				7th day preceding	primary	
Same alle più cossissi delle di	P. Expens	ses Paid by Comm	ittee			
Name of Payee Freda Seritella				Date of Payment 08/01/2019	Method ✓ Chec	of Payment ck # 1101 t Card EFT
Street Address 57 Woodland Dr		City Hartford		1	State CT	Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing	•	Even	it#	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required is None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	or committee)		cked)		\$405.00
Name of Payee Freda Seritella				Date of Payment 08/28/2019		of Payment k # 1193 Card EFT
Street Address 57 Woodland Dr		City Hartford			State CT	Zip Code 06105-1202
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	(Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	r committee)	ndent	ked)	777	\$615.00
Name of Payee Sharon Sherpa				Date of Payment 08/28/2019	Method of Check	# 1218
Street Address 134 School House R	20	City Newington	1		State CT	Zip Code 06111-4036
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind contra	committee)	ndent	ked)		\$255.00
Name of Payce Antonnette Smith				Date of Payment 08/01/2019	Method of ✓ Check ☐ Debit (# <u>1133</u>
Street Address 20 May St, Apt 202		City Hartford			State CT	Zip Code 06105-1565
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unity) None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	ed) A B C D		\$45.00

SUBTOTAL Section P - This Page	\$1,320.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	4/48/188/198/1	ne versioner in manager (en
Bronin for Mayor				7th day preceding	primary	
	P. Expens	es Paid by Commi	ttee		rasas (2. cers	
Name of Payee Antonnette Smith				Date of Payment 08/28/2019	Method of Check	# 1216
Street Address 20 May St, Apt 202		City Hartford			State CT	Zip Code 06105-1565
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	ŧ#		Amount
Exponditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	r committee) Indepen	ndent	_A _B _C _D		\$450.00
Name of Payce Comcast NF Spotligh	nt			Date of Payment 08/14/2019	Method of Check	# <u>1147</u>
Street Address 320 W Newberry Rd		City Bloomfield			State CT	Zip Code 06002-1393
Purpose of Expenditure (by code) OVHD	Description Internet Access		Even	1.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent			\$536.95
Name of Payee Comcast NF Spotligi	nt .			Date of Payment 08/19/2019	Method of Check	#
Street Address 320 W Newberry Rd		City Bloomfield			State CT	Zip Code 06002-1393
Purpose of Expenditure (by code) OVHD	Description Internet Access		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	re) Indeper	ıdent	ked)		\$536.95
Name of Payee Olivia St. Remy				Date of Payment 07/17/2019	Method of Check	
Street Address		City Newington			State CT	Zip Code 06111-3714
69 Johnson St	Description		Cum	. #		
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	: #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	re) Indepen	ndent	[A B C D		\$90.00

SUBTOTAL Section P - This Page	\$1,613.90
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITT	BE (Provide Complete Name as Registered with Filin,	g Repository)		TYPE OF REPORT		1/851/09/51/51/15/25/54/57
Bronin for Mayor				7th day preceding		
	P. Expens	ses Paid by Comm	ittee			
Name of Payee Olivia St. Remy				Date of Payment 08/01/2019	✓ Chec	of Payment k # 1127 t Card EFT
Street Address 69 Johnson St		City Newington			State CT	Zip Code 06111-3714
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind control of the contro	or committee)		cked)		\$330.00
Name of Payee Olivia St. Remy				Date of Payment 08/28/2019		of Payment k # 1211 Card EFT
Street Address 69 Johnson St		City Newington			State CT	Zip Code 06111-3714
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuated without reimbursement sought)	r committee) re)Indeper	ndent	ked)		\$240.00
Name of Payee Staples, Inc.				Date of Payment 07/09/2019	Check	f Payment
Street Address 2550 Albany Ave		City West Hartford	.		State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee)	ndent	(sed)		\$638.09
Name of Payee Staples, Inc.				Date of Payment 08/07/2019	Method of Check	#
Street Address		City			State	Zip Code
2550 Albany Ave		West Hartford			CT	06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent	ed)		\$82.93

SUBTOTAL Section P - This Page	\$1,291.02
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	3413240	TYPE OF REPORT		
Bronin for Mayor	or 7th day preceding				primary	
	P. Expens	es Paid by Comm	ttee			
Name of Payee Staples, Inc.				Date of Payment 08/22/2019	Method o	
Street Address 2550 Albany Ave		City West Hartford			State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Eve	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	cked)		\$51.03
Name of Payee Aaron Supple				Date of Payment 07/01/2019	Method of Check	# <u>1035</u>
Street Address 300 Summit St		City Hartford			State CT	Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contr	r committee)	ndent	cked)		\$105.00
Name of Payer Aaron Supple		-		Date of Payment 07/01/2019	Method of Check	# <u>1041</u>
Street Address 300 Summit St		City Hartford		<u></u>	State CT	Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing		Ечеп	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (themization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee)	dent	·ked)		\$90.00
Name of Payee Aaron Supple				Date of Payment 07/15/2019	Method of Check	1043
Street Address		City Hartford			State CT	Zip Code 06106-3100
300 Summit St Purpose of Expenditure	Description	Tiantord	Event	t #		Amount
(by code) WAGE Expenditure #	Canvassing		·· .			
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) [Indepen	dent	_A _B _C _D		\$225.00

SUBTOTAL Section P - This Page	\$471.03
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Bronin for Mayor 7th day preceding			primary			
	P. Expens	es Paid by Comm	ittee			
Name of Payee Aaron Supple				Date of Payment 07/17/2019	Method o	
Street Address 300 Summit St		City Hartford			State CT	Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	1		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)	endent	ed)		\$240.00
Name of Payce Aaron Supple	·			Date of Payment 08/01/2019	Method of Check	# <u>1118</u>
Street Address 300 Summit St		City Hartford			State CT	Zip Code 06106-3100
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #			Amount
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required II. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee)	ndent	d)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$45.00
Name of Payce Target				Date of Payment 08/12/2019	Method of Check ✓ Debit (#
Street Address 475 Hartford Rd	,	City New Britain	!		State CT	Zip Code 06053-1524
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (themization in Addendum P Required in	committee) [] Indeper	ıdent	d) A B C D		\$36.92
Name of Payce The Latino Way				Date of Payment 07/15/2019	Method of Check	1143
Street Address		City Hartford			State CT	Zip Code 06106-1860
330 Main St Purpose of Expenditure	Description	- Tartora	Event #			Amount
(by code) A-WEB Expenditure # (if applicable)	Advertising Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) [Indepen	dent	1)]A		\$11,575.00

SUBTOTAL Section P - This Page	\$11,896.92
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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Revised January 2015	

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	(Repository)	800 Y	TYPE OF REPORT	ESPANTATALE	
Bronin for Mayor				7th day preceding	120 120 120 120 120 120 120 120 120 120	zakuszkie da szudikł
	P. Expens	es Paid by Comm	ittee		villi (darkini d	energ (Ben Coll., etc.) here seemed
Name of Payce The Latino Way				Date of Payment 08/12/2019	Chec	of Payment ck # 1143 t CardEFT
Street Address 330 Main St		City Hartford		I	State CT	Zip Code 06106-1860
Purpose of Expenditure (by code) A-WEB	Description Advertising	<u> </u>	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in ✓ None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)	endent	ked)		\$33,800.00
Name of Payee Hineoa Thomson				Date of Payment 07/17/2019	Method o	of Payment k # 1083 Card EFT
Street Address 53 Madison St		City Hartford			State CT	Zip Code 06106-2325
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#	 	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee)	ndent	ked)		\$285.00
Name of Payee Hineoa Thomson			}	Date of Payment 08/01/2019	Method o	
Street Address 53 Madison St		City Hartford	1		State CT	Zip Code 06106-2325
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr	committee) Indeper	ident .	ed)	THE STATE OF THE S	\$60.00
Name of Payee Hineoa Thomson				Date of Payment 08/28/2019	Method of Check	# <u>1210</u>
Street Address		City Hartford	<u>.</u>		State	Zip Code
53 Madison St Purpose of Expenditure (by code) WAGE	Description Canvassing	Flattora	Event 4	,	СТ	06106-2325 Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required unit None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Indepen	dent	zd)		\$315.00

SUBTOTAL Section P - This Page	\$34,460.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin	g Repository)	1011 111 111 111 111 111 111 111 111 11	TYPE OF REPORT		ikolijina maratika kolikiria da
Bronin for Mayor				7th day preceding	ı primarv	
	P. Expen	ses Paid by Comm	ittee			
Name of Payee Timoi Thomson		**************************************		Date of Payment 07/17/2019		of Payment ck # 1082 it Card EFT
Street Address 49 Linden St		City East Hartford			State CT	Zip Code 06108-4028
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	ŧ#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate c Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	or committee)		ked)	***************************************	\$210.00
Name of Payee Timoi Thomson				Date of Payment 08/01/2019		of Payment k# 1125 t Card EFT
Street Address 49 Linden St		City East Hartford			State CT	Zip Code 06108-4028
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	:#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required It None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	ked)		\$60.00
Name of Payee Timoi Thomson				Date of Payment 08/28/2019	Method of Check	
Street Address 49 Linden St		City East Hartford			State CT	Zip Code 06108-4028
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required II. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Indeper	ident	ced)	The state of the s	\$315.00
Name of Payee Probyn Tompson				Date of Payment 08/28/2019	Method of Check	#_1224
Street Address 9 Rockville St, Apt C	2	City Hartford	<u></u> _		State CT	Zip Code 06112-2073
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee)	dent	ed)		\$330.00

SUBTOTAL Section P - This Page	\$915.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filin	g Repository)	e asoe	TYPE OF REPORT	C250,0000 0260 20	
Bronin for Mayor				7th day preceding		
	P. Expens	ses Paid by Comm	ittee	an day preceding	g primary	
Name of Payce Probyn Tompson		•		Date of Payment 08/30/2019		of Payment k # 1245 t Card
Street Address 9 Rockville St, Apt	C2	City Hartford			State CT	Zip Code 06112-2073
Purpose of Expenditure (by code) WAGE	Description Canvassing	<u></u>	Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind con	or committee)		ked)		\$120.00
Name of Payee Colin Townsend				Date of Payment 07/17/2019	Method o	
Street Address 29 Winfield Dr		City Stratford			State CT	Zip Code 06615-5637
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	ked)		\$225.00
Name of Payee Colin Townsend				Date of Payment 08/01/2019	Method of Check	# 1115
Street Address 29 Winfield Dr		City Stratford			State CT	Zip Code 06615-5637
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	committee) [Indepen	dent	ed) ABCD		\$315.00
Name of Payee Tracfone				Date of Payment 08/12/2019	Method of Check ✓ Debit O	#
Street Address 9700 NW 112th Ave		City Medley	1		State FL.	Zip Code 33178-1353
Purpose of Expenditure by code) OVHD	Description Telephone Services		Event h			Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unit	committee)	lent _	ad)		\$22.15

SUBTOTAL Section P + This Page	\$682.15
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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	BB (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT	September 1 - Se	
Bronin for Mayor				7th day preceding	primary	
Name of Payee	P. Expens	ses Paid by Comm	ittee			
United States Posta	al Service			Date of Payment 07/22/2019		of Payment k # 1091 t Card EFT
80 State House Sq		City Hartford			State CT	Zip Code 06103-9992
Purpose of Expenditure (by code) OVHD	Description Postal Box		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind continuous)	or committee) are)	ndent	(ed)	PAGE AND	\$143.00
Name of Payee United States Posta	l Service			Date of Payment 07/22/2019	Method o Check	
Street Address 80 State House Sq		City Hartford	1		State CT	Zip Code 06103-9992
Purpose of Expenditure (by code) OVHD	Description Postage		Event /	1		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	r committee) re) Indepen	dent -	ed)	The state of the s	\$165.00
Name of Payee United States Postal	Service			Date of Payment 07/31/2019	Method of Check	#
Street Address 80 State House Sq		City Hartford			State CT	Zip Code 06103-9992
Purpose of Expenditure (by code) OVHD	Description Postage		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	lent	d)]A		\$165.00
Name of Payee Ollie Vail			i	Date of Payment 07/15/2019	Method of Check	1048
Street Address 94 Love Ln		City Hartford			State CT	Zip Code 06112-1616
Purpose of Expenditure by code) WAGE	Description Canvassing		Event #			Amount
expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	committee)	ent]A	-	\$60.00

\$533,00	SUBTOTAL Section P - This Page
\$752,454.78	TOTAL of Section P Pages
\$752,454.78	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Film)	Repository)		TYPE OF REPORT		
Bronin for Mayor			ila de como	7th day preceding	the Late of the same of the same of	
	P. Expens	ses Paid by Comm	ittee	rtirday preceding	y primary	
Name of Payce Ollie Vail				Date of Payment 07/17/2019	Cho	of Payment ck # 1061 oit Card EFT
Street Address 94 Love Ln		City Hartford			State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought)	r committee) re) Indepe	endent	ked)		\$570.00
Name of Payee Ollie Vail Street Address				Date of Payment 08/01/2019	Chec	of Payment ck # 1105 tt Card
94 Love Ln		City Hartford			State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contains)	committee)	ndent	ed)		\$570.00
Name of Payce Ollie Vail				Date of Payment 08/28/2019	Method o	of Payment k # 1196 Card EFF
Street Address 94 Love Ln		City Hartford	······································		State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required un	committee) Indepen	dent	d)]A []B []C []D		\$495.00
Name of Payee Ollie Vail				Date of Payment 08/30/2019	Method of Check	# 1242
Street Address 94 Love Ln	l	City Hartford	!		State CT	Zip Code 06112-1616
Purpose of Expenditure by code) WAGE	Description Canvassing		Event#			Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unlocation) None of the below (does not involve another candidate or compared to be considered with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	ommittee)Independ	lent	<i>i)</i>]a		\$435.00

SUBTOTAL Section Pa This Page	\$2,070.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing	Repository)	0.0478	TYPE OF REPORT		
Bronin for Mayor				7th day preceding	primary	
	P. Expens	es Paid by Commi	ittee	ANGERS SERVERS SERVERS		
Name of Payee Shanice Vail				Date of Payment 07/15/2019	Method Chec	of Payment sk # 1049 t CardEFT
Street Address 94 Love Ln, Apt 2		City Hartford			State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re)	ndent	ked)	· -	\$60.00
Name of Payee Shanice Vail				Date of Payment 07/17/2019		of Payment k # 1062 Card EFT
Street Address 94 Love Ln, Apt 2		City Hartford			State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) e) Indepen	ıdent	eed)		\$570.00
Name of Payee Shanice Vail				Date of Payment 08/01/2019	Method o	
Street Address 94 Love Ln, Apt 2		City Hartford	L		State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independ	dent	od)		\$570.00
Name of Payce Shanice Vail				Date of Payment 08/28/2019	Method of ✓ Check	# 1197
Street Address		City			State	Zip Code
94 Love Ln, Apt 2		Hartford			CT	06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	ommittee) Independ	lent _	d)		\$600.00

SUBTOTAL Section P. This Page	\$1,800.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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Bronin for Mayor	TTBE (Provide Complete Name as Registered w	an a unig kepository)	1257-534 (655) 1551-53	TYPE OF REPO	RT	
				7th day preced	ling priman	<u>У</u>
Name of Payee		Expenses Paid by Co	mmittee			
Shanice Vail				Date of Payment 08/30/2019	∠ Ch	of Payment eck # 1243 bit Card EFT
94 Love Ln, Apt 2		City Hartford			State CT	Zip Code 06112-1616
Purpose of Expenditure (by code) WAGE	Description Canvassing		Ev	ent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P & None of the below (does not involve another ca Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	endidate or committee) expenditure)	pelow" is ch dependent rganization]D	\$330.0
Name of Payee				Detacti		
Verdi at Western	HINS			Date of Payment 08/22/2019	Method ✓ Chec ☐ Debi	of Payment ck # 1189 t Card EFT
660 Park Rd		City Waterbury			State CT	Zip Code 06708-2371
Purpose of Expenditure (by code) FNDR	Description Event Expenses		Ever	nt#	-	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Re None of the below (does not involve another can Coordinated with reimbursement sought (joint ex	ididate or committee) spenditure)	low" is che ependent anization:	cked)	D	\$1,400.00
lame of Payee /oices of Men of C	olor			Date of Payment 07/30/2019	Method o	# <u>1095</u>
treet Address 9 Gillette St, # 410)	City Hartford			State CT	Zip Code
urpose of Expenditure by code) CNSLT	Description Field Consulting		Event	#		06119-2107 Amount
xpenditure # [applicable]	Type of Expenditure (Itemization in Addendum P Req. None of the below (does not involve another candi Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	idate or committee) penditure) Inde	w" is checi pendent nization:	ked)		\$16,125.00
me of Payee Dices of Men of Co				Date of Payment 08/21/2019	Method of Check	Payment # 1186
cet Address		City			Debit C	
Gillette St, # 410		Hartford			State CT	Zip Code 06119-2107
pose of Expenditure code) CNSLT	Description Field Consulting		Event #	1		Amount
enditure # pplicable)	Type of Expenditure (Itemization in Addendum P Required) None of the below (does not involve another candid) Coordinated with reimbursement sought (joint expe	late or committee) inditure) Indepo	endent	rd)		\$16,125.00

SUBTOTAL Section P - This Page	\$33,980.00
TOTAL OF ALL EXPENSES PAIR THE PROPERTY OF A LANGE OF THE PROPERTY OF THE PROP	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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	EE (Provide Complete Name as Registered with Film	Repository)		TYPE OF REPORT	wishing and a second	
Bronin for Mayor		*		7th day precedin		
	P. Expen	ses Paid by Conn	nittaa	r iii day precedin	g primary	Devis Navalinista estas
Name of Payce Voices of Women of				Date of Payment 07/16/2019		of Payment ck # 1014 it Card
Street Address		City			State	Zip Code
69 Gillette St, # 410		Hartford			СТ	06119-2107
Purpose of Expenditure (by code) MISC	Description Event Sponsorship		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind con	or committee)		ked)		\$1,150.00
Name of Payce Walmart Street Address				Date of Payment 07/29/2019	Method of Chec	
		City Hartford			State	Zip Code
495 Flatbush Ave	Description	Tartiolo	-, . <u> </u>		CT	06106-3601
(by code) OFFICE	Office Supplies		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) re)Indepe	ndent	ed) ABCD		\$264.01
Name of Payce Walmart Street Address				Date of Payment 08/16/2019	Method of Check	#
495 Flatbush Ave		City Hartford			State CT	Zip Code 06106-3601
Purpose of Expenditure (by code) OFFICE	Description Office Supplies		Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	committee) [] Indepen	ident	d)]A		\$38.44
Name of Payee Ne'Jaughn Ware				Date of Payment 08/01/2019	Method of Check	# <u>1130</u>
Street Address 36 Wells St		City Manchester			State CT	Zip Code 06040-6125
Purpose of Expenditure by code) WAGE	Description Canvassing		Event #			Amount
expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unt None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contril	committee)	lent]A		\$270.00

SUBTOTAL Section P - This Page	\$1,722.45
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

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NAME OF COMMIT	EE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPOR		W1000000000000000000000000000000000000
Bronin for Mayor				7th day precedir		
	P. Expen	ses Paid by Comm	ittee	jr in day precedil	ig primary	
Name of Payee Ne'Jaughn Ware				Date of Payment 08/28/2019	✓ Che	of Payment ck # 1213 it Card EFT
Street Address 86 Wells St		City Manchester			State CT	Zip Code 06040-6125
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	or committee) tre)Indepo		ked)	D	\$300.00
Name of Payee Kayla Waters				Date of Payment 08/28/2019	Method Chec	of Payment ck # 1219 1 Card EFT
Street Address 277 Buckingham St		City Hartford			State CT	Zip Code 06106-1602
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ndent	ed)		\$300.00
Name of Payec West Indian Founda	tion			Date of Payment 07/29/2019	Method of Check	f Payment (# 1094 Card EFT
Street Address 32 Wintonbury Ave		City Bloomfield			State CT	Zip Code 06002-2416
Purpose of Expenditure (by code) MISC	Description Registration Fee		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	committee) Independent	dent _	d)]A ∏B ∏C ∏D		\$100.00
Name of Payce Dwight Wilson				Date of Payment 07/15/2019	Method of Check	#_1047
Street Address 887 Asylum Ave		City Hartford			State CT	Zip Code 06105-1976
urpose of Expenditure by code) WAGE	Description Canvassing		Event #			Amount
xpenditure # f applicable}	Type of Expenditure (**Hemization in Addendum P** Required unit** None of the below (does not involve another candidate or cardinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind contribution).	committee) Independ	ent —	<i>i</i>)]а		\$210.00

SUBTOTAL Section P - This Page	\$910.00
TOTAL of Section P Pages	\$752,454.78
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752,454.78

SEEC FORM 20	
Revised January 2015	

Page 345

and the second s	EE (Provide Complete Name as Registered with Filir	ng Repository)	Gerenië.	TYPE OF REPORT				
Bronin for Mayor				7th day precedin				
The second secon	P. Expen	ses Paid by Comm	iittee					
Name of Payee Dwight Wilson				Date of Payment 07/17/2019	Che	Method of Payment Check # 1060 Debit Card EFT		
Street Address 887 Asylum Ave		City Hartford			State CT	Zip Code 06105-1976		
Purpose of Expenditure (by code) WAGE	Description Canvassing		Even	ŧ #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required V Nonc of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continuous)	or committee)		cked)	\$60.00			
Name of Payce Dwight Wilson Street Address				Date of Payment 08/01/2019	✓ Chec	Method of Payment ✓ Check # 1104 ☐ Debit Card ☐ EFT		
887 Asylum Ave		City Hartford			State CT	1		
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contr	or committee) ure) Indepe	ndent	ked) □ A □ B □ C □ D		\$105.00		
Name of Payee Dwight Wilson				Date of Payment 08/28/2019	Method o			
Street Address 887 Asylum Ave		City Hartford			State CT	Zip Code 06105-1976		
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) re) Indeper	ident	ed)	THE STATE OF THE S	\$300.00		
Name of Payce Tanisha Woolcock				Date of Payment 07/15/2019	Method of	# <u>1051</u>		
Street Address 55 Madison St		City Hartford			State CT	Zip Code 06106-2325		
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #			Amount		
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee)	lent	A B C D	\$60.00			

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SUBTOTAL Section P. This Page	\$525.00
TOTAL of Section P Pages	\$752,454,78
	Ψ102,404.10
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$752.454.78
	Ψ102,704.10

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Revised	house	2016

Bronin for Mayor	TBB (Provide Complete Name as Registered with Fi	A Section (V)	neusline E	TYPE OF REPORT				
S. India grands		7th day preceding primary			/			
Name of Payee	<u> </u>	nses Paid by Comm	uittee 🐇					
Tanisha Woolcock	K			Date of Payment 07/17/2019	9 Check # 1078			
Street Address		City				oit CardEFT		
55 Madison St		Hartford			State CT	Zip Code		
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event	#		06106-2325		
Expenditure # (if applicable)	Type of Expenditure (**!lemization in Addendum P Require** None of the below (does not involve another candidate** Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement)	e or committee) iture) Indepe	ndent	ed)	∃p.	Amount \$360.0		
Name of Payee Titus Wright		,		Date of Payment 08/28/2019	Method of Payment ✓ Check # 1232			
Street Address		City			Debi	Card EFT		
393 Granby St		Hartford			State Zip Code CT 06112-1315			
by code) WAGE	Description Canvassing		Event#			Amount		
expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	or committee) ure) Indepen	dent			\$60.00		
ante of Payee	in-kind col	tribution) LOrganiz	ation;]A	D			
oe Young				Date of Payment 07/01/2019	Method of Check	# 1034		
03 Autumn St		City Manchester	<u> </u>		State	Zip Code		
rpose of Expenditure y code) WAGE	Description Canvassing		Event #			06040-5518 Amount		
penditure # applicable)	Type of Expenditure (Hemization in Addendum P Required in V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	re) Independe	ent	A		\$225.00		

DTAL Section P - This Page \$645.00	State of the state
TOTAL of Section P Pages \$752,454.78	TOTAL OF ALLEYDENOTO PARTY.
Nof Summary Page Totals) \$752,454.78	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Colu